



# LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

## PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

April 7, 2009

Approved  
4/21/09

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Jim Chud	Susan Forrest	None	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>	Douglas Frye	Miguel Martinez		Glenda Pinney
Robert Butler				Craig Vincent-Jones
Joanne Granai				
Michael Green				
Bradley Land				
Ted Liso				
Anna Long				
Quentin O'Brien				

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- 1) **Agenda:** Priorities and Planning (P&P) Committee Agenda, 4/7/2009
- 2) **Minutes:** P&P Committee Meeting Minutes, 3/31/2009
- 3) **Table:** P&P Committee Meeting Locations, *Revised 3/9/2009*
- 4) **Memorandum:** Benefits Specialty Re-Allocation Plan, 3/31/2009
- 5) **Memorandum:** Minority AIDS Initiative Questions and Preparations, 4/6/2009
- 6) **Spreadsheet:** Year 18 Ryan White Part A & B Expenditures by Service Category as of January 31, 2009, 3/30/2009
- 7) **Summary Key:** Year 18 Ryan White Part A & B Expenditures by Service Category, *on-going*
- 8) **List:** FY 2010 Priority- and Allocation-Setting Paradigms and Operating Values, 4/7/2009
- 9) **Memorandum:** SPA 1 Service Model and Allocations, 4/6/2009
- 10) **Summary:** FY 2010 Priority- and Allocation-Setting Provider Forums: SPAs 3/7, 6 and 8, 3/11/2009
- 11) **Report:** HIV Care and Treatment Service Utilization 2007 Year End Report, *March 2009*
- 12) **Report:** HIV Service Utilization and Needs Assessment Report, Los Angeles County, FY 2007-2008, *April 2009*

1. **CALL TO ORDER:** Ms. Watt called the meeting to order at 1:45 pm. Conflicts of interest were noted during roll call.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 3/31/2009 P&P Committee Meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** Ms. Watt expressed disappointment at low community attendance.

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### 6. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

- Mr. Vincent-Jones reported that state budget cuts did not go into effect 4/1/2009 as previously reported, which permits more time to address the possible impact of the cuts. Increase of the In-Home Health Services (IHHS) eligibility threshold from \$600 to \$1,000 has been rescinded due to requirements in the stimulus legislation to maintain previous thresholds.
- Ms. Watt commented community education is needed to help people understand effects from different funding streams.

### 7. CO-CHAIRS' REPORT:

- A. **Meeting Dates and Locations:** The upcoming meeting dates were reviewed.
- Add 5/19/2009 P&P Committee meeting to schedule to ensure time for the P-and-A process.
  - E-mail the Change Matrix and other P-and-A documents to Committee members.

### 8. FY 2009 ALLOCATIONS:

- A. **Timeline for 2009 Allocations Review:**
- Mr. Vincent-Jones said data was being presented today to ensure time for review prior to the start of priority-setting at the April 28 meeting.
  - Allocation-setting will start no later than the 5/26/2009 meeting.
  - Appeals to Committee decisions, if any, will be addressed at the June 23, 2009 Committee meeting. Appeals to the Commission decisions, if any, will be addressed at the July 9, 2009 Commission meeting.
  - A memorandum with the Committee's 3/31/2009 re-allocation of the 2% Benefits Specialty allocation to Psychosocial Case Management (PCM) will go forward to the Commission in April. The funds are directed to support PCM Benefits Specialty services preparatory to new contracting in FY 2010.

9. **MINORITY AIDS INITIATIVE (MAI):** The MAI questions to OAPP previously presented at the 3/31/2009 P&P Committee meeting are now in memorandum form with pertinent background on their importance to expenditure monitoring. OAPP will respond to the questions at the April Commission meeting.

10. **FY 2008/2009 EXPENDITURES:** The item was postponed.

### 11. FY 2010 PRIORITY- AND ALLOCATION-SETTING:

- A. **SPA 1 Allocations:**
- The SPA 1 Service Model and Allocations memorandum was developed by the SPA 1 Adversity Sector work group subsequent to the Board's 11/12/2008 motion directing OAPP to RFP new SPA 1 services.
  - Dr. Green clarified that the Board motion did not address the Commission, but only required OAPP solicitation of specific SPA 1 services. OAPP routinely solicits consistent with Commission priorities, but is attempting to better define SPA 1 services with Commission input in this County solicitation targeted to one geographic area.
  - Mr. Vincent-Jones noted, while the Board motion did not mandate an adversity sector approach, developing an adversity sector framework and criteria is a 2009 Comprehensive Care Plan goal.
  - SPA 1 has been repeatedly identified as the obvious example of an adversity sector. Special allocations to it as an adversity sector is consistent with all three paradigms: equity, nuanced inclusiveness and utilitarianism. The latter may imply the need for a funding baseline, or threshold, to support effective services.
  - Mr. Goodman reported countywide the average expenditure per client annually is about \$2,000. The work group allotted SPA 1 an additional \$500 per client to compensate for area barriers, such as transportation. While there are over 300 clients receiving services in SPA 1, the work group felt an additional 100 could be served if services were, and were known to be, available since many clients now leave the SPA for those services. The resulting threshold established was \$1 million.
  - Mr. O'Brien felt the Committee should raise the minimum threshold to establish parity of expenditures for SPA I consistent with the countywide average for 300 clients, or \$600,000, from the approximately \$1,493 provided by its current \$448,000 allocation.
  - Mr. Vincent-Jones noted additional funds for SPA 1 may not impact other SPAs if the Ryan White Program grant is increased. Even if others are impacted, the adversity premise is to meet the special challenges of the area with a service mix that not only addresses unique barriers and higher cost, but also supports services essential to clients that are now lacking in the area.
  - Services are identified because of their expressed need regardless of the funding source, e.g., ADAP Enrollment and Substance Abuse, Treatment are funded separately. Medical Care Coordination in SPA 1 can serve as the County pilot. While Medical Outpatient/Specialty (MO/S) is now one service, it was acknowledged that Medical Specialty services

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may be provided outside of SPA 1. Dr. Green noted the services identified as essential are a subset of services offered across the County.

- Ms. Granai suggested providers countywide help educate clients about the new service mix once it is available.
- Mr. O'Brien was concerned about setting a precedent that could spread across the County. He said that proximity in only one variable in choosing providers, e.g., anonymity or specialized services are others. Mr. Vincent-Jones replied the GEN already tied funding to geography and that needs assessment data reflects a strong interest in local services.
- Ms. Watt said that capacity is not up to standard and it cannot be increased without putting out RFPs. Dr. Green added that building infrastructure itself costs more than maintaining an existing one. He added that \$1 million is less than 3% of the total current Ryan White Program award with less than 1% above parity engendering Committee debate.
- Dr. Green emphasized that 75+% of PWH in SPA 1 are Ryan White program-dependent, which is much higher than in other SPAs. Ms. Granai said other resources in SPA 1 are poor. There was widespread client apathy until the Consumer Caucus began to energize clients to seek services.
- Ms. Forrest suggested agencies in other SPAs could free up services for their own clients if SPA 1 clients could access services in their own area rather than going to the other SPAs. SPA 1 follow-up could make a critical difference for services such as substance abuse.
- Mr. O'Brien proposed amending the threshold amount and changing the proposal from directives to recommendations.
- ➡ Revise the memo and provide justification for the 300 SPA 1 client estimate and 100 client increase estimate, further explain how the \$500/client allocation above parity was determined (including difficulty in assessing services not presently provided and unique costs such as transportation and retaining staff), revise FTE positions to better reflect actual services provided, and clarify the relationship with MAI funding.
- ➡ Revise Directive 8 to reflect that OAPP can only share the service description until the RFP has been released.

**MOTION #3 (Goodman/Land):** Approve SPA 1 Service Model and Allocations, with revisions as noted (**Passed: Ayes:** Goodman, Granai, Green, Land, Watt; **Opposed:** O'Brien; **Abstention:** Butler, Liso).

### B. Service Utilization and Needs Assessment Report (SUNAR):

- Ms. Pinney noted most OAPP service utilization data is in the SUNAR, which is organized by the HIV/AIDS Continuum of Care. The report includes service definitions from both HRSA and the Commission. "Notable findings", based on needs assessment and service utilization data, are provided for all service categories except ADAP Enrollment and Early Intervention Services for which LACHNA data was not available. Ms. Watt praised this first SUNAR for its vast improvement in providing data for the P&A process.
- Dr. Green also presented OAPP's first HIV Care and Treatment Utilization 2007 Year End Report. It will be updated at least once, possible twice, a year to assist in tracking trends. The report will be posted on OAPP's website. Questions can be referred to Juhua Wu.

### C. Provider Forums: A draft of comments from this year's forums in SPAs 3/7, 6 and 8 was in the packet.

- ➡ Bring the previous year's provider forum information to the next Committee meeting.

12. **HOSPICE SERVICES NEEDS ASSESSMENT:** This item was postponed.
13. **2009 COMPREHENSIVE CARE PLAN:** This item was postponed.
14. **COMMITTEE WORK PLAN:** This item was postponed.
15. **GEOGRAPHIC ESTIMATE OF NEED (GEN) REPORT:** This item was postponed.
16. **OTHER STREAMS OF FUNDING:** This item was postponed.
17. **STANDING SUBCOMMITTEES:** This item was postponed.
18. **NEXT STEPS:** This item was postponed.
19. **ANNOUNCEMENTS:** There were no announcements.
20. **ADJOURNMENT:** The meeting was adjourned at 4:30 pm.